

Objections to the proposal to give all year-old infants triple vaccine are theoretical and perhaps philosophical. The physician has an individual responsibility to his patients. He may choose to give measles vaccine at one year and to defer rubella, as the British have done, and mumps to pre-adolescent years for better protection at a more important time. Effective immunity to all three components of triple vaccine persist for two and a half to five years, only possibly into adulthood.

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REFERENCE

Weibel RE, Beynak EB, Stokes J, et al: Measurement of immunity following live mumps (5 years), measles (3 years) and rubella (2½ years) virus vaccine. *Pediatrics* 49:334, Mar 1972

Recognition of Serum Hepatitis

The clear association between Australian antigen and serum hepatitis virus establishes methods for identifying the disease. Recently published reports also demonstrate that serum hepatitis virus (currently being named hepatitis B, and contrasting with hepatitis A or infectious hepatitis) may be propagated in the laboratory.

With such means at hand the occurrence of hepatitis B in (1) older age groups, (2) institutional populations, (3) military, (4) drug addicts, (5) those patients requiring blood and blood products, and finally in (6) the immunologically impaired individuals, can be easily recognized.

A number of different methods of detecting hepatitis B have led to recognition of widespread infection with this virus and the realization that blood banks must screen all potential donors, and such screening should utilize the most sensitive detecting systems that will still be simple enough to incorporate into routine laboratory procedures. Comparisons of these methods are being made in a number of laboratories throughout the country. However, more time and effort will be required before any final decisions are rendered. In the meantime, any one of the following methods for detecting serum hepatitis viremia

could be used: (1) Double diffusion in agar (1-2 days), (2) complement fixation (2-4 hours), (3) counter immunoelectrophoresis (6 hours), (4) rheophoresis (16-20 hours), (5) isotope immunoassay (18 hours), (6) passive indirect hemagglutination (4 hours).

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REFERENCES

Blumberg BS, Sutnick AI, London WT: Australia antigen and hepatitis. *JAMA* 207:1895-1896, Mar 10, 1969

Carver DH, Seto DSY: Production of hemadsorption-negative areas by serums containing Australia antigen. *Science* 172:1256-1267, Jun 18, 1971

Hollinger FB, Vorndam V, Dreesman GR: Assay of Australia antigen and antibody employing double-antibody and solid phase radioimmunoassay techniques and comparison with the passive hemagglutination methods. *J Immunol* 107:1099-1111, Oct 1971

Current Dietary Hazards

With the rising interest in "health foods" and fad diets, a comprehensive dietary history is increasingly important as part of the pediatric health evaluation. Until recently it was necessary to journey to an underdeveloped nation to study rickets, scurvy, and kwashiorkor. Now, so-called "macrobiotic" diets have brought about reappearance of the diseases in the United States. Some parents feed their children a diet of only brown rice and seaweed in the quest for a balance between the opposites of "Yin and Yang," with death or serious illness an occasional result.

Along with the re-emergence of deficiency states, hypervitaminosis A and D are being seen with increasing regularity.

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REFERENCES

Zen macrobiotic diets (AMA Council on Foods and Nutrition): *JAMA* 218:397, Oct 18, 1971

The use and abuse of vitamin A (American Academy of Pediatrics Joint Statement of Committees on Drugs and Nutrition): *Pediatrics* 48:655-656, Oct 1971